James P. Fetzner

Statement for the Record

House Committee on Small Business

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Thank you Chairwoman Dahlkemper, Ranking Member Westmoreland, and members of the committee for allowing me the opportunity to testify today regarding healthcare information technology and Title XIII (13) of the "American Recovery and Reinvestment Act of 2009", HIT for Economic and Clinical Health Act. I consider it an honor to be part of the process of moving our health care system into a new and critically important generation of technology and service delivery.

I am James P. Fetzner, Chief Executive Officer of Comfort Care and Resources, a Northwestern Pennsylvania home and community based long term care agency. Currently we serve three counties and hundreds of patients, enabling them to age in place. Our company was started in 1997 by my mother Beverly Fetzner with only a pager, a passion, and a belief that "there is nothing that is done in a nursing facility that can not be done better at home". At that time, and unfortunately still in some places, this philosophy was a radical idea; however, it informed my vision as CEO. As a result, we continue to push the forefront in long term care; working with multiple technology incubators, university centers, state departments, and local agencies. With these partners we will create an integrated and interoperable, HIT enabled, service delivery system that will drastically reduce the cost of long term care.

It is from this perspective as an entrepreneur, not a clinician or practitioner, that I offer my testimony on HIT.

While Title XIII (13) of ARRA makes mention of additional settings, and is intent on facilitating standards, the clear emphasis and investment is focused on the adoption and "meaningful use" of "certified EHR". While this is certainly necessary, it is not sufficient. Meaningful use will not be realized until new high value information is incorporated into work flow and decision making. When a cardiologist can see a trend analysis for daily vitals of a CHF patient living independently at home, meaningful use will exist. This type of meaningful use does not occur by investing in certified EHRs alone. This occurs when an entire provider network is connected and coordinated around that patient's plan of care.

For information to be delivered to and from the front lines of care, in our homes and communities, a seamless ecosystem must emerge. Enterprise Integration will be critical, as information will need to pass through, and be routed to, multiple providers. Providers such as skilled home health, non-medical home care, Area Agency on Aging case management, and others will utilize and contribute to this information before it comes to rest at the Primary Care Physician. Additionally, triggers and alerts will need to be designed for each individual patient to allow anomalies to jump out from the steady stream of data. If we simply digitize the information that currently exists and allow for more efficient and effective transmissions of static data through EHR, the marginal value from HIT will be limited. Significant value will be achieved when new, high value information can be delivered, assimilated, and leveraged for clinical and operational decision making. The most valuable information will be delivered from the front lines of care; from our nurses and nursing assistants. This is more challenging by the day, as the front line of care is becoming dispersed and dis-integrated. Nearly every person's home is a part of the health care system at some point, and the home's role will increase with const-containment measures requiring earlier discharges and less institutionalized care.

It is clear to me that if we look to the future of the health care system, the entry and exit points will no longer be our hospitals and doctors offices, but rather they will be individual homes. Whether that be a patient utilizing the internet to check and update their personal health information, or a client for whom we monitor and deliver

information to their doctors and family, the starting point will be home. Therapy, recovery, and end of life care will continue to shift toward home to match patient's desires in a more cost effective, high quality way.

My recommendations for facilitating the emergence of this interoperable health care delivery system:

1.) Establish policies and standards where appropriate as quickly as possible.

    a.) Until the "rules of the game" are established, innovation will be stifled. Currently the regulatory risk is too high for significant investment to occur. Once entrepreneurs such as myself see that policy and standards are no longer uncertain we will move forward quickly and confidently towards the goal of an integrated health care delivery system.

    b.) Make the regulatory structure smart and flexible.

        i. Regulation by nature favors the established order. Currently there is no established order, and as stated above a regulatory framework can not be delayed; therefore, we must allow for innovation to define and redefine how HIT will be utilized. I would suggest a generous "waiver" process that would allow new approaches to submit for waivers in an efficient manner. Allow for clear line of sight to the goal of the regulation, allowing individuals and firms to make their case for meeting that goal in an alternate method.

2.) Balance investment across the health care delivery system.

    a.) As stated before the certified EHR is necessary but not sufficient. Meaningful use will come from an integrated ecosystem that connects patients with service agencies, with the EHR as one component of that system. Because innovation by nature is unplanned and unpredictable, planting seeds in many different ventures and settings will be the fastest way to create a self-reinforcing network, which will produce a

"tipping point" of development and adoption of HIT, including EHR adoption.

3.) Review and modify payment across all of healthcare delivery.

   a.) Much attention is given to the Fee-For-Service payments, especially for primary care physicians; however, a thorough review of home and community based Medicaid payments to include HIT developments will speed adoption and ensure that those most in need are not left behind.

With advances in technology, we can confidently move forward to redefine the health care system; knowing that the past's insurmountable problems of time and distance will be overcome. No longer will patient's need to adjust their life to fit our healthcare system, but rather our healthcare system will conform to each individual. For long term care, this will mean the long overdue de-institutionalizing of seniors. I am honored to be part of the solution. Thank you for your time and attention.